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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/693,442	10/24/2003	Albert M. Felschner	Nutrimerica

22925  
PHARMACEUTICAL PATENT ATTORNEYS, LLC  
55 MADISON AVENUE  
4TH FLOOR  
MORRISTOWN, NJ 07960-7397

CONFIRMATION NO. 2002  
FORMALITIES LETTER  
  
\*OC000000013640880\*

Date Mailed: 08/26/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Additional claim fees of \$180 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$180 for a Small Entity

- Total additional claim fee(s) for this application is \$180
  - \$180 for 20 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313 1450

*A copy of this notice **MUST** be returned with the reply.*



09/08/2004 20:27 9739846159

REG PATENT ATTORNEYS

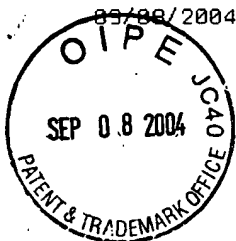
PAGE 06

Page 2 of 2

*Z. Kray*  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Please type a plus sign (+) inside this box ☐

PTO/SB/2 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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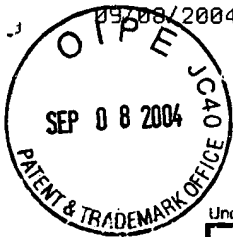
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/693,442	
	Filing Date	24 Oct 2004	
	First Named Inventor	Albert M. FLEISCHNER	
	Group Art Unit	1623	
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	Nutraceutical

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Apparatus, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	See below date

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>	
Typed or printed name	Mark POHL, Reg. No. 35,325
Signature	
Date	10 Sept 2004

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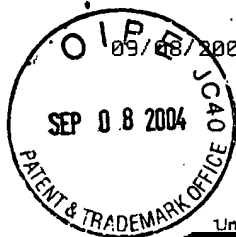
Mark POHIL, Reg. No. 35,325

Typed or printed name of person signing Certificate

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The submitted papers are enumerated on the enclosed Transmittal Form.  
PTO Form SB/21.

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PTO/SB/17 (10-01)

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for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

(\$ 180.00)

**Complete if Known**

Application Number	10/693,442
Filing Date	24 Oct 2003
First Named Inventor	Albert M. FLEISCHNER
Examiner Name	
Group Art Unit	1623
Attorney Docket No.	Nutrimerica

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☐ Check ☒ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	770.00
106 330	206 185	Design filing fee	0.00
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	0.00

**SUBTOTAL (1) (\$ 180.00)****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
22	20** = 2	9.00	0.00
3	3** = 0	43.00	0.00
Multiple Dependent		0.00	0.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0.00)**

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for ex parte reexamination	0.00
112 920*	112 920*	Requesting publication of CIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	0.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,960	228 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 60	123 60	Processing fee under 37 CFR 1.17(4)	0.00
126 180	126 180	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	169 900	Request for expedited examination of a design application	0.00
Other fee (specify)			0.00

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 0.00)****SUBMITTED BY**

Name (Print/Type)	Mark POHL	Registration No. (Attorney/Agent)	35,325	Complete (if applicable)	
Signature				Telephone	(973) 984-0076
				Date	10 Sept. 2004

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